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FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000095150 (3)**

1. Corporation Name
650 TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
1065 RAINER DR. ALTAMONTE SPRINGS FL 32716	P.O. BOX 16007 ALTAMONTE SPRINGS FL 32716

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 800 TRAFALGAR CT	2a. Mailing Address 26 800 TRAFALGAR CT	3. Date Incorporated or Qualified 11/06/1997	
Suite, Apt. #, etc. 22 200	Suite, Apt. #, etc. 27 200	4. FEI Number 59-3476610	Applied For Not Applicable
City & State 23 MAITLAND FL	City & State 28 MAITLAND FL	6. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 32751 25 USA	Zip / Country 29 32751 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
A.G.C. CO. 200 S. ORANGE AVE. SUNTRUST CENTER, STE. 2300 ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BROWN, GARY E		1.2 NAME		
STREET ADDRESS	1065 RAINER DR.		1.3 STREET ADDRESS	800 TRAFALGAR CT #200	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716		1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	WELLER, HAROLD J		2.2 NAME		
STREET ADDRESS	1065 RAINER DR.		2.3 STREET ADDRESS	800 TRAFALGAR CT #200	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716		2.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	☐ DELETE	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	DAVIS, STEVEN S		3.2 NAME		
STREET ADDRESS	1065 RAINER DR.		3.3 STREET ADDRESS	800 TRAFALGAR CT. #200	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716		3.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		☐ DELETE	4.1 TITLE	S/T	☐ Change ☒ Addition
NAME			4.2 NAME	HOPKINS, TIMOTHY C.	
STREET ADDRESS			4.3 STREET ADDRESS	800 TRAFALGAR CT #200	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ Gary E. Brown 4/29/98 (407)475-0800